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FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED 7

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FORM 1	O 1 1 0.1 11 11.			
	<u> </u>		F	FORGOMA ON CENTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Student Voice	Proiect			
				1
	PO Box 289	7		
ADDRESS (number and street)				
(Check if address	Pacco		WA	00302
is changed)	Pasco	<u> </u>	ا لَـٰـٰـٰ ل	99302
				710 000F
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE				
(Check if address	jcostanzo@:	svppac.com		
(Check if address is changed)	1			
				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	www.Studer	nt-Voice-Proj	ect.com ,	
(Check if address is changed)	•	_╍ ┖╌ _╸ ┖╌┖╌┖	· 	
io dilangou)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		
2. DATE	D / Y , Y , Y , Y			
3. FEC IDENTIFICATION N	UMBER C ()	0 524090	•	
o. 120 ibinii 10/11/0/11/0/11/0/				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A		
4. IS THIS STATEMENT	NEW (N) OH	AMENDED (A	/ '	
I certify that I have examined t	his Statement and to the bes	t of my knowledge and beli	ef it is true, correct	and complete.
•	land Oast			
Type or Print Name of Treasure	Jared Costa	anzo		
C	17		M M	/ D D / Y Y Y Y
Signature of Treasurer			Date 10	18 2012
NOTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMAT	•	_	the penalties of 2 U.S.C. §437g.
Office		····		
Office Use	1	For further informati	mission	FEC FORM 1 (Revised 02/2009)
Only		Toll Free 800-424-953 Local 202-694-1100	U	(רופאופפת הקובההפ)

FEC Form 1 (Revised 02/2009)	<u> </u>			Page 2
TYPE OF COMMITTEE				
Candidate Committee:				
(a) This committee is a princ	ipal campaign committee.	(Complete the candidate	information below	<i>i.</i>)
(b) This committee is an auti	norized committee, and is	NOT a principal campaigr	n committee. (Co	mplete the candidate
Name of Candidate				
Candidate Party Affiliation	Office House	Senate	President	State District
(c) This committee supports/	opposes only one candidate	e, and is NOT an author	ized committee.	
Name of Candidate			1111	
Party Committee:				
(d) This committee is a	(National, S or subordin	State ate) committee of the		(Democratic, Republican, etc.) Par
Political Action Committee (PAG	C):			
(e) This committee is a sepa	rate segregated fund. (Ider	ntify connected organizatio	n on line 6.) Its co	onnected organization i
Corporation	\Box	Corporation w/o Capital S	tock	Labor Organization
		·		,
Membership Org	anization	rade Association		Cooperative
In addition	, this committee is a Lobby	st/Registrant PAC.		
(f) This committee supports committee. (i.e., nonconnection)	opposes more than one F	ederal candidate, and is l	NOT a separate :	segregated fund or pa
	•	trant BAC		
<u> </u>	mmittne is a Lobbyist/Regis			
In addition, this co	mmittee is a Leadership PA	.C. (Identify sponsor on lin	e 6.)	
Joint Fundraising Representativ	/e:			
	ntributions, pays fundraisin	n expenses and disburses	net proceeds for	two or more political
committees/organizations	at least one of which is an	authorized committee of a	federal candidate).
	ntributions, pays fundraising none of which is an authori			two or more political
Committees Participating in	Joint Fundraiser			
1.		FEC ID n	number C	
2.		FEC ID n	number C	
3.		FEC ID r	number C	
		i I I I FEC ID n	umber C	•

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Write or Type Committee Name		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
None 		11111
Mailing Address		
-		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative each	ership PAC Sponsor
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Jared (Costanzo	1 1 1 1 1 1
Mailing Address	PO Box 2897	
•		1 1 1 1
	Pasco	2_1
Title or Position	CITY STATE ZI	P CODE
President	Telephone number 509 - 46	60 - 0643
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name of Treasurer Larec	l Costanzo	
Mailing Address	PO Box 2897 :	لحسسب
		لحسلت
Tillo os Posisi	CITY STATE ZI	P CODE
Title or Position	Telephone number 500 - 46	:al-Lacual

Name of Bank, Depository, etc.

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DATE PREPARED

(3/2005)

PREPARER